

FILED MAR 30 1948
Registration District No. 282

Primary Registration District No. 4531

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME Alma F. Morsey

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fred Morsey 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased September 20, 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Stout
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Belle Simpson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Morsey
(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 3-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) Mar 14 (b) Mrs. Vernelle Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Warrenton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 14
year 1948 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from 2-6-48
_____, 19____, to 3-14, 1948,
that I last saw her alive on 3-13, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix
Intestinal Obstruction
Metastatic Carcinoma of
Due to Colon & Intestines
Spontaneous Colostomy
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature Handwritten Signature (M. D. or other) MD
Address Warrenton, Mo. Date signed 3-14-48

Duration

3 days

3 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
MAR 29 1942
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed John J. Hiebing
Licensed Embalmer No. 3897
P. O. Address Warrenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.